



Arkansas Department of Health
Radiation Control Section
4815 West Markham, Slot # 30
Little Rock, Arkansas 72205-3867
(501) 661-2301

FOR ADH USE ONLY

GENERAL LICENSE
NUMBER:

NORM-GL-_____

NOTIFICATION OF A NORM FACILITY SUBJECT TO GENERAL LICENSURE

PART I _____ INITIAL _____ SUBSEQUENT

NORM NOTIFIER INFORMATION

If subsequent NORM notifier, list NORM General License Number: _____

Name of individual providing notification: _____

Name of responsible individual: _____

Address: _____

City: _____

State: _____ Zip Code: _____

MAILING INFORMATION

(Enter if different from notifier location, otherwise enter "SAME")

Address: _____

City: _____

State: _____ Zip Code: _____

BILLING INFORMATION

(To be used at a later date)

Address: _____

City: _____

State: _____ Zip Code: _____

PRIMARY CONTACT INFORMATION

Mr./Mrs./Ms. _____

Job Title: _____

Telephone: _____ Ext: _____ FAX: _____

PART II

NORM SITE

Type of site: _____

Site name or well name: _____

Field lease name (If applicable): _____

Physical location: _____

County: _____ Section: _____ Township: _____ Range: _____

LONGITUDE
Deg: _____ Min: _____ Sec: _____

LATITUDE
Deg: _____ Min: _____ Sec: _____

Directions to site (origin point from nearest city limits): _____

Briefly describe site: _____

Describe how site became subject to NORM regulations: _____

PART III

SURVEY INFORMATION

Survey Date: _____

Surveyor's name and Company: _____

Radiation instrument used: _____ Calibration Date: _____

Highest exposure reading on a piece of equipment (microR/hr): _____

Highest exposure reading on the ground or solids (microR/hr): _____

PART IV

LIST OF OPERATOR CONTROLLED WELLS WITHIN THIS FIELD

(If applicable. Use Appendix A to this Form)

Printed name: _____ Date: _____

PART V

WORKER PROTECTION PLAN

[illegible]

PART VI

Printed name: _____ Date: _____

Signature: _____

This notification of a NORM site assumes all components within the site/field are potentially contaminated. The Department will only consider the future release of the site/field for unrestricted use after all components (e.g., equipment, tubulars, land, etc.) under the control of the operator are decontaminated and transferred out of the filed.



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APPENDIX A:
LIST OF OPERATOR CONTROLLED WELL WITHIN A NORM FACILITY

Name of responsible individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

WELL NUMBER	WELL NAME	SERIAL NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

WELL NUMBER

WELL NAME

SERIAL NUMBER

16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Printed name: _____ **Date:** _____

Signature: _____